

LOCAL GOVERNMENTS AND RURAL WATER SYSTEMS IMPROVEMENTS BOARD
DRINKING WATER SYSTEMS IMPROVEMENTS REVOLVING LOAN FUND
PROGRAM FOR DRINKING WATER FACILITIES PROJECTS

REQUEST FOR RANKING AND CONSIDERATION FOR FUNDING
ON **FY-2005** PRIORITY SYSTEM/LIST

THIS FORM IS DUE BY APRIL 15, 2004

1. Name, address, phone number(s), and email address of entity requesting ranking.

Telephone Number: _____
Fax Number: _____
Email Address: _____

2. Name, title, address, phone number(s), and email address of person authorized by entity to request ranking.

Telephone Number: _____
Fax Number: _____
Email Address: _____

3. Zip Code areas served by the drinking water facility.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Current population in the Loan Applicant's service area: _____

5. Description of the drinking water facilities project for which ranking is requested. (Briefly explain nature of existing problems.) If two or more priority categories are checked in No. 8 below, please describe scope of work for each priority category indicated.
6. Number of connections which will benefit from this drinking water project for which ranking is requested.
- Number of Connections: _____
7. Number of existing wells in the system? _____
8. Indicate the purpose of the project by checking the appropriate project description(s) below:
- ☐ a) Projects to facilitate compliance with Primary Drinking Water Standards. To qualify for this category projects must correct deficiencies resulting in non-compliance with the primary drinking water standards.
 - ☐ b) Projects to provide additional supply to systems that have neither a back-up well nor an emergency tie-in, that is MSDH approved, to another system to ensure safe drinking water, and thereby protecting the health of the existing population.
 - ☐ c) Projects to correct deficiencies that result in existing system failing to maintain minimum acceptable dynamic pressure (20 psi). (Documentation of these problems must be included in the facilities plan.)
 - ☐ d) Source Water Protection Projects - Projects to manage potential sources of contaminants/pollutants and/or prevent contaminants/pollutants from reaching sources of drinking water as approved by the MDEQ Groundwater Planning Branch..
 - ☐ e) Projects to either expand existing system capacity or construct a new drinking water system to ensure safe drinking water (source, treatment and/or distribution) to serve existing residences/businesses in currently unserved areas.
 - ☐ f) Projects to provide additional supply to systems with insufficient back-up water supply

sources to ensure safe drinking water, and thereby protect the health of the existing population. As a minimum, a system using ground water should be able to lose any one of the wells supplying the system and still maintain minimum acceptable dynamic pressure throughout the entire system.

- ☐ g) Projects to rehabilitate, replace, protect, or upgrade deteriorated, worn, aged or obsolete equipment, facilities, etc., in order to assure continued, dependable operation of water systems where such systems are already meeting Primary Drinking Water Standards.
- ☐ h) Projects to provide treatment that brings systems into compliance with Secondary Drinking Water Standards.
- ☐ i) Projects to consolidate ownership and management of separate existing systems into a single system for purposes other than included in a) through h) above. Consolidation projects are for the purpose of promoting reliability, efficiency and economy of scale that can be achieved with larger water systems.
- ☐ j) Other - Projects that do not meet the criteria of any other listed category, and have been determined loan eligible in accordance with the DWSIRLF loan program regulations.

Please be aware that projects that are primarily for future growth, development and/or fire protection are not eligible projects under federal regulations and can not be funded.

9. Total cost of each project:

	DWSIRLF Funds	Other Funds/Source	Total Funds
Construction Cost	\$ _____	\$ _____ / _____	\$ _____
10% Construction Contingency	\$ _____	\$ _____ / _____	\$ _____
Planning/Design Allowance	\$ _____	\$ _____ / _____	\$ _____
Construction Phase Professional Services Allowance	\$ _____	\$ _____ / _____	\$ _____
Subtotal	\$ _____	\$ _____ / _____	\$ _____
5% Administrative Fee	\$ _____		
Total Eligible Cost	\$ _____		

(\$1.5 Million maximum for DWSIRLF loan participation. Total project cost may exceed \$1.5 Million, but the Loan Recipient will have to show that additional funds are available to fund the entire project before a loan will be awarded.)

Use current DWSIRLF loan program regulations for definition of eligible costs.

10. Project detail information, if known:

Desired date of Loan Award: _____ (Select date between
10/01/04 – 09/30/05)

Desired Construction Start Date: _____

Estimated Construction Time: _____ calendar days

11. Name, address, phone number(s), and email address of entity's registered engineer(s) on the project, if known.

Telephone Number: _____

Fax Number: _____

Email Address: _____

12. Name, address, phone number(s), and email address of entity's legal counsel who will assist with land acquisition, if known.

Telephone Number: _____

Fax Number: _____

Email Address: _____

13. Federal fiscal year in which funding is requested for each project.

FFY - _____

I understand that the complete DWSIRLF facilities plan; including all intergovernmental review comments, a transcript of the public hearing comments, plan revisions pursuant to comments, and a summary of how each comment was addressed, must be submitted by September 1, 2004, if the above referenced project(s) is/are to be ranked and considered by the Board for funding on the FY-2005 Priority List in accordance with the Priority System. I also understand that the Drinking Water Systems Improvements Revolving Loan Fund Regulations must be complied with during the planning, design and construction of such projects.

I understand that a copy of the DWSIRLF facilities plan should be submitted to the Rural Utilities Service (formerly Farmers Home) if I have existing debt with the Rural Utilities Service, along with a request for

their approval to incur this additional debt.

Signature of Authorized Official

(Title)

(Date)

MAIL TO:

ATTN. TOM WEBB
MS DEPARTMENT OF ENVIRONMENTAL QUALITY
P. O. BOX 10385
JACKSON, MS 39289-0385